

AP010-3  
2/20/87

# Nursing HEALTH CARE

VOLUME 8, NUMBER 2

FEBRUARY 1987

## Graduate Education 1987

**CLASSIFIED**

**MATERNAL-CHILD NURSING** tenure-track position available September 1, 1987, in an approved integrated baccalaureate nursing program. Master's degree in clinical nursing and PA licensure of eligibility required. Earned doctorate or doctorate in progress from a regionally accredited institution and practitioner skills preferred. Experience in more than one area desirable. Duties include on-going curriculum development and teaching. Academic year appointment. Research and salary commensurate with education and experience. The University of

12/99 PMS 90-11063

EDWARD KIANKA EDITOR  
ACQUISITIONS REFERENCE INDEX 3DG  
STATISTICAL INFO SERVICE  
CONGRESSIONAL INFO SERVICE 800  
4520 EM HIGHWAY SUITE 2001  
WASHINGTON

Official Publication of the National League for Nursing

# Nursing & HEALTH & CARE

VOLUME 8, NUMBER 2

FEBRUARY 1987

## CONTENTS

### Features



# 64

#### Specialization and Graduate Curricula

The author argues that specialization belongs in graduate nursing curricula at the doctoral level.

*Kathleen Gainor Andreoli*



# 82

#### Aide Program Hits the Mark

An innovative home health aide program in New York helps the state conserve funds while meeting client's long-term care needs.

*Lorraine Cappellino  
Diane Gerber Egisti*



# 70

#### Master's Programs: The State of the Art

This close look at the diversity among master's programs will clarify the state of master's education today.

*Patricia R. Forni*

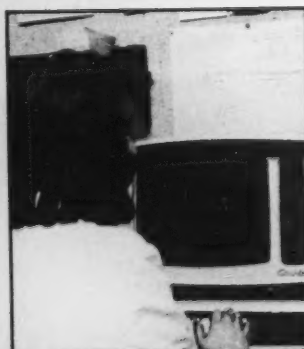


# 112

#### Community Education

The author found an inexpensive, successful way to help clients with respiratory illness help themselves.

*Joy Nihil*



# 76

#### Clinical Research

This medical center's research program is designed to get staff nurses involved.

*Linda Alley  
Patty Gray  
Kathy Parker  
Joyce Beeks*

### Departments

- |                         |                            |
|-------------------------|----------------------------|
| 59 Guest Editorial      | 127 Washington Focus       |
| 61 Letters              | 128 NLN Calendar           |
| 62 Announcements        | 129 The Marketplace        |
| 117 NLN Perspective     | 130 Accredited PN Programs |
| 122 News                | 134 Classified             |
| 124 Research Commentary |                            |

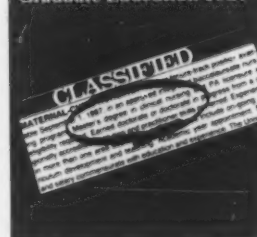
*Special in this issue: Program brochure for NLN's 18th biennial convention: "NURSING: Vital Links in the New Environment." See page 85.*

NURSING & HEALTH CARE offers diverse views on subjects of interest to readers. Articles represent the opinions of individual contributing authors and are not necessarily those of the National League for Nursing.

### Cover Story

#### Graduate Education: 1987

##### Graduate Education 1987



Two of this month's authors focus in on where higher education in nursing stands today and how they would like to see it shape up for tomorrow. Pages 64 and 70.

# Nursing's Diverse Master's Programs: The State of the Art

**G**raduate faculties have been arguing for years about the appropriate makeup of a master's program in nursing. Mayhew and Ford have said of the master's degree that it is "a bit like a streetwalker, one for every taste and every pocketbook [1]." Without question, master's education in nursing is diverse. Knowing just how diverse will help us not only form a clear picture of the state of master's education today, but also make any changes that might be needed.

## Today's Master's Degrees

In terms of the types of master's degrees in nursing awarded by National League for Nursing (NLN)-accredited programs, by far the greatest number are the master of science in nursing (MSN), which 54 programs award, and the master of science (MS), which 57 programs award. Seven programs award the master of nursing (MN), one offers the master of nursing science (MNSc), two offer the master of arts (MA), 2 offer the master of public health (MPH), and one offers the master of education (MEd). Several schools offer more than one degree option at the master's level. Table 1 shows the degrees awarded in NLN-accredited master's programs for 1984-85 [2].

Patricia R. Forni, PhD, RN, FAAN, is dean of the school of nursing at Southern Illinois University at Edwardsville.

---

## PATRICIA R. FORNI

---

Forty-three states, the District of Columbia, and Puerto Rico have at least one NLN-accredited master's program. Forty-nine percent of the accredited programs are located in just nine states (see Table 2).

Table 3 compares the regional distribution of NLN-accredited master's programs in 1974-75 and 1984-85 [3]. With a 287 percent increase, the southern region shows the most marked growth in programs for the period.

In 1974-75, there were 65 NLN-accredited master's programs in nursing; as of February 1985, there were 132, which represents a 203 percent increase in 10 years.

According to the latest NLN *Nursing Data Review 1985*, 18,112 students were enrolled in 154 master's programs in 1983-84, which was a 6.5 percent increase over the previous year [4]. The 5,039 graduations during 1982-83 represented a 2.1 percent decrease over the previous year. The shift from full-time to part-time enrollment is notable: in the decade from 1974 to 1983, the percentage of full-time enrollments dropped from 56.3 percent to 34.6 percent.

Data from a 1984 national survey of Council of Graduate Schools' member schools showed an overall decrease of 0.4 percent in enrollment for master's level students [5]. However, first-time

graduate enrollment increased by 8.2 percent at the master's level, and the number of applications for master's study increased by 4.3 percent. The number of graduate assistants increased by 4.6 percent, and the number of graduate fellows increased by 5.6 percent.

Based on American Association of Colleges of Nursing (AACN) institutional data on enrollments and graduations in graduate programs from 1981 to 1985, Murphy believes "the backward trends in full-time enrollment in master's programs is a continuing cause for concern [6]." The AACN data reflect an annual change in full-time enrollment of -2.8 percent for all of the schools that reported for 1984-85, and an annual change of 15.2 percent in part-time enrollments for the same period. The shift to part-time enrollment undoubtedly will affect graduations negatively for some time to come. As Murphy notes, it is difficult to predict the effects because the length of part-time study is unknown.

There appear to be wide variations in enrollments of part-time and full-time master's students among regions. The South and the Midwest most closely approximate all-school totals for percentage change. The Northeast experienced the greatest decline in full-time enrollments, with a drop of 14.7 percent, as well as the smallest increase in part-time enrollments—9.5 percent. The West experienced dramatic increases in both full-time and part-time enrollments (see Table 4).

**Table 1. Types of Master's Degrees Awarded in NLN-Accredited Schools, 1984-85\***

| Type of Degree | Number     |
|----------------|------------|
| MS             | 57         |
| MSN            | 54         |
| MN             | 7          |
| MA             | 2          |
| MPH and MS     | 2          |
| MA or MEd      | 1          |
| MS or BS/MS    | 1          |
| MSN and MS     | 1          |
| MSN or MN      | 1          |
| MNSc           | 1          |
| MN and MS      | 1          |
| <b>Total</b>   | <b>128</b> |

\*Source: Master's Education in Nursing: Route to Opportunities in Contemporary Nursing, 1984-85, New York: National League for Nursing, 1984.

To capture the diversity and categorize the variety of master's degree programs available, I surveyed NLN-accredited master's programs in early 1985. I asked 132 schools to indicate whether their programs were traditional only, traditional with nontraditional options, generic, or nontraditional. Eighty percent of those queried responded. Sixty-one percent were traditional; 36 percent were traditional with nontraditional options; 3 percent were generic; and none fit into the nontraditional category.

Within these classifications were models for outreach programs, summers-only programs, registered nurse (RN) to MS tracks; programs that admit non-nurses and foreign graduates; and programs for groups with special needs, such as technical nurse educators and nurse executives. I will describe some of the more striking innovations.

### The Innovators

I define *generic* to mean any program that prepares students for entry into nursing practice. Therefore, master's degree programs that admit non-nurses are generic even if they provide both basic and advanced education. Yale University and the University of Tennessee at Knoxville are examples of this type of program.

The University of Tennessee at Knoxville offers a generic master's program that leads to the first and the second professional degrees for non-

nurses with bachelor's degrees. It is also open to RNs who hold bachelor's degrees either in nursing or in a non-nursing field.

Yale University offers a three-year master's program in which non-nurses with bachelor's degrees acquire both basic and advanced preparation. Yale also offers a two-year master's program for RNs with either BSNs or bachelor's degrees in other majors.

Pace University also offers a generic master's program.

Among programs that admit RN students with non-nursing bachelor's degrees are Adelphi University, Case Western Reserve University, Pace University of Illinois, the University of Tennessee at Knoxville, and Wayne State University.

During 1984-85, Seton Hall began a special project whereby RNs who had earned non-nursing bachelor's degrees prior to 1979 could be admitted during a limited time period between September 1984 and March 1985. Admission criteria included professional accomplishments and activities as well as academic record. The school developed programs that lead to a graduate degree within three years of combined part- and full-time study.

In 1984, the University of Illinois College of Nursing's Department of Nursing Sciences started a five-year experimental plan whereby RNs with non-nursing bachelor's degrees may be admitted to graduate study in psychiatric-community mental health nursing. Admission is limited to one-third

of the program's yearly admissions. In addition to the usual admission requirements, the program assesses applicants for competence in leadership and independent decision making by looking at whether they have successfully completed leadership courses; earned continuing education units for leadership workshops; worked as head nurses, team leaders, or supervisors; been promoted into leadership positions; and taken part in professional and community activities that require such leadership activities as giving presentations and being politically active.

At Case Western Reserve University, graduates of NLN-accredited associate degree and diploma programs may be admitted to the master's degree program. In addition to the usual admission requirements, applicants must have completed from 47 to 49 semester hours in liberal arts prerequisites with grades of B or better, passed the NLN Nursing Mobility Profile II examination, have a B average in the basic preparatory program, and have one or more years of experience as an RN.

The University of Massachusetts-Amherst has a pre-master's program for RNs who have met all of the criteria for admission to the graduate program but who have a non-nursing bachelor's degree. On the basis of portfolio analysis and NLN examinations, the program assesses whether individuals have met the terminal objectives of the undergraduate nursing program. If they have not, they may enroll in independent study or take specific courses. Students who lack proficiency in undergraduate research must enroll in a research course. Once they have attained undergraduate objectives, they may enter the master's program as regular students.

Pace University offers a specialty program that admits RNs with non-nursing bachelor's degrees and awards a master's degree as a second professional degree. Successful applicants have completed an NLN-accredited nursing program; completed an accredited baccalaureate program; shown satisfactory performance; been practicing nursing for at least three years; performed satisfactorily on validation exams; and achieved a grade of B in Matrices of Nursing. The program also considers applicants' motivation, leadership potential, and maturity.

The University of Iowa also has

**Table 2. Number of NLN-Accredited Master's Programs by Location, 1985\***

| Location                                                  | Number     | Percent     |
|-----------------------------------------------------------|------------|-------------|
| New York                                                  | 13         |             |
| California                                                | 8          |             |
| Illinois                                                  | 8          |             |
| Texas                                                     | 8          |             |
| Ohio                                                      | 7          |             |
| Virginia                                                  | 6          |             |
| Massachusetts                                             | 5          |             |
| North Carolina                                            | 5          |             |
| Pennsylvania                                              | 5          |             |
| Sub-Total                                                 | 65         | 49%         |
| Remaining 34 states, District of Columbia and Puerto Rico | 67         | 51%         |
| <b>Total</b>                                              | <b>132</b> | <b>100%</b> |

\*Based on the number of programs accredited as of February 1985.

multiple track options for RNs pursuing master's degrees. There are options for RNs with non-nursing bachelor's degrees, RNs with bachelor's degrees from other countries; graduates of accredited BSN programs, graduates of non-accredited BSN programs, and RNs with associate degrees or diplomas. In the latter option, students may substitute eight semester hours of graduate work for undergraduate coursework, but the credit requirements for the master's degree remain the same.

"Articulation" programs provide a direct route to master's degrees for RNs who have graduated from diploma or associate degree programs. The programs award baccalaureate degrees along the way. Both Adelphi University and the University of Rochester have developed such programs.

Adelphi University has an accelerated baccalaureate/master's honors program for RNs. The honors program requires higher admission criteria, which include a grade point average of 3.5 or higher, one year of work experience, a letter of recommendation from the applicant's employer, and a commitment to earning a master's degree. Substituting master's-level courses in statistics, research, and professional issues for undergraduate courses, as well as other master's-level courses for undergraduate electives in the RN curriculum, shortens the baccalaureate program by one year. The master's program requires 48 credits. Adelphi

also admits RNs with non-nursing bachelor's degrees, who may earn 30 undergraduate credits by proficiency examination. They are admitted to the master's program after they have earned 30 additional credits; they are awarded a BSN when they have completed 126 credits and a master's degree when they have completed 20 more. Graduates of associate degree programs may apply up to 64 credits toward a BS degree. In the BS/MS accelerated program, they take another 35 undergraduate credits and then enroll in master's-level courses. After they have completed 30 credits of master's-level courses and a total of 126 credits, they are awarded a BSN. They have to complete an additional 18 credits for an MSN.

In 1986, the University of Rochester began a BS/MS program for clinically experienced RNs committed to earning master's degrees. The program requires 64 credits of prerequisites and 30 nursing credits by proficiency examination for admission. It also requires a minimum score of 1000 for verbal and quantitative skills on the Graduate Record Examination (GRE). Students enroll in master's skills courses as the fourth year of the bachelor's program and are awarded a BS after completing 128 credits. At the end of the fifth calendar year of full-time study, the program awards an MS. The BS/MS program is designed to be completed in two calendar years if the student has met the prerequisites.

Twenty of the programs I surveyed

indicated that they offer off-campus classes or outreach programs. Indiana University uses a telecommunication system to deliver core courses of didactic offerings by television. The University of South Carolina delivers core courses in theory, research, and issues in a statewide, talk-back television format at 27 sites. Other innovations include offering courses on weekends, using off-campus clinical mentors, offering workshops for credit, and rotating sites. Distances traveled vary but range up to 400 miles.

## Other Models

Among the other innovative options mentioned were summers-only programs, on-campus weekend programs, and dual degree programs.

Emory University offers a dual degree program that leads to master's of nursing and master's of public health degrees. Students can meet requirements for this program, which is offered by the schools of nursing and medicine, by adding one semester to the nursing program.

Teachers College/Columbia University offers a master's program through the Graduate School of Business and the Department of Nursing Education that is designed for working nurse executives who cannot attend school full-time. All of the program's classes are held on Fridays; a BSN is not required for admission; the program faculty view participants as resources to the program; each class proceeds through the program as a cohort group; and the summer is used as a semester. After completing the four-semester program, graduates are awarded master's of arts degrees in the Nursing Organization Executive Role.

The University of Tennessee-Knoxville started a new nontraditional MSN program for technical nurse educators in June 1984. With funding from a W. K. Kellogg grant, the school offered the program at four outreach locations in an intensive Friday or Saturday seminar format during each academic quarter. Program sites were Chattanooga, Cookeville, and Kingsport, Tennessee, and Lexington, Kentucky. During the summer of 1985, clinical courses were offered for the first time on the Knoxville campus. Ordinarily, it takes two calendar years to complete the program.

**Table 3. Regional Distribution of NLN-Accredited Master's Programs in Nursing, 1974-75 and 1984-85\***

| Region #1 — North Atlantic |         |       |          | Region #2 — Midwest |         |       |          |
|----------------------------|---------|-------|----------|---------------------|---------|-------|----------|
|                            | 1974/75 | 84/85 | % Change |                     | 1974/75 | 84/85 | % Change |
| Connecticut                | 1       | 2     |          | Illinois            | 3       | 8     |          |
| Delaware                   | 1       | 1     |          | Indiana             | 1       | 3     |          |
| District of Columbia       | 1       | 2     |          | Iowa                | 1       | 1     |          |
| Maine                      |         |       |          | Kansas              | 1       | 2     |          |
| Massachusetts              | 3       | 5     |          | Michigan            | 2       | 3     |          |
| New Hampshire              |         |       |          | Minnesota           | 2       | 2     |          |
| New Jersey                 | 1       | 2     |          | Missouri            | 2       | 3     |          |
| New York                   | 9       | 13    |          | Nebraska            | 1       | 1     |          |
| Pennsylvania               | 2       | 5     |          | North Dakota        |         |       |          |
| Rhode Island               |         | 1     |          | Ohio                | 3       | 7     |          |
| Vermont                    |         |       |          | South Dakota        |         |       |          |
|                            | 18      | 31    | 172%     | Wisconsin           | 2       | 4     |          |
|                            |         |       |          |                     | 18      | 35    | 194%     |
| Region #3 — Southern       |         |       |          | Region #4 — Western |         |       |          |
|                            | 1974/75 | 84/85 | % Change |                     | 1974/75 | 84/85 | % Change |
| Alabama                    | 1       | 3     |          | Alaska              |         |       |          |
| Arkansas                   | 1       | 2     |          | Arizona             | 2       | 2     |          |
| Florida                    | 1       | 3     |          | California          | 5       | 8     |          |
| Georgia                    | 2       | 3     |          | Colorado            | 1       | 1     |          |
| Kentucky                   | 1       | 1     |          | Hawaii              | 1       | 1     |          |
| Louisiana                  |         | 2     |          | Idaho               |         | 1     |          |
| Maryland                   | 1       | 1     |          | Montana             | 1       | 1     |          |
| Mississippi                |         | 3     |          | Nevada              |         |       |          |
| North Carolina             | 2       | 5     |          | New Mexico          |         | 1     |          |
| Oklahoma                   | 1       | 2     |          | Oregon              | 1       | 2     |          |
| Puerto Rico                | 1       | 1     |          | Utah                | 1       | 2     |          |
| South Carolina             |         | 2     |          | Washington          | 1       | 1     |          |
| Tennessee                  | 1       | 3     |          | Wyoming             |         |       |          |
| Texas                      | 2       | 8     |          |                     |         |       |          |
| Virginia                   | 2       | 6     |          |                     |         |       |          |
| West Virginia              |         | 1     |          |                     |         |       |          |
|                            | 16      | 46    | 287%     |                     | 13      | 20    | 153%     |

The regions as outlined above are NLN-designated regions. The majority of programs are located in the Southern and Midwest regions, which also show the greatest percentage increases in number of programs.

\*Adapted from Lodge, Mary P., *Facts and Reflections About Master's Education in Nursing in the United States*, New York: National League for Nursing, 1975.

The University of Portland reports a high rate of success with their summers-only master's program, which is taught over three summers. Students complete coursework at their home institutions during the regular academic year. The program began in 1977; 200 students have graduated, and only one student has failed to finish.

These innovative programs challenge traditional thinking about how schools can offer master's degree programs. They challenge our ideas that students must enroll full-time, that there must be an on-campus residency re-

quirement, that students must have bachelor's degrees in nursing, that classes must be offered within five-day week, daytime format, and that students must be graduates of NLN-accredited baccalaureate programs.

### Future Considerations

Changes in society, the environment, the profession, and the health care system have implications for changes in graduate education:

Population trends:

- The proportions of black and His-

panic individuals in our population are increasing dramatically. For example, according to the American Council on Education, "California now has a minority majority in its elementary schools, while Texas public schools are 46 percent nonwhite [7]."

- The 65-year and older age group is growing rapidly.

• There will be fewer college-bound individuals in the 18- to 22-year-old group at least through the early 1990s.

Social changes:

- On the negative side, among young persons, drug and alcohol dependency

problems and suicides are going up; child abuse appears to be on the increase; and the number of persons who are homeless is growing.

- On the positive side, the general population is more interested than ever before in self-help, health promotion, and wellness.

- We have entered the postindustrial age and are facing such attendant changes as electronic communication, the use of robots to replace human workers, and genetic engineering.

Environmental changes:

- There are mounting numbers of more and more complex pollutants in our air, water, and food supplies, and in our soil.

Professional changes:

- Due to the professional entry level position, more RNs are seeking baccalaureate and higher degrees.

- As doctorates become *de rigueur* for teaching in university programs and in health service agencies, there will be greater numbers of master's-prepared nurses seeking doctoral degrees.

- Part-time enrollment in graduate programs will continue to be greater than full-time because of pressing needs to work while in school.

Health care delivery changes:

- Greater acuity in hospitals will continue and demand for highly trained, competent clinicians will increase.

- Shorter hospital stays will result in more intensive need for home care.

- Among the services nurses will provide will be health promotion outside of acute-care facilities.

In her keynote address to the Midwest Alliance in Nursing in April 1985, Gloria Smith called for "blended credentials," such as a BSN and an MPH. She suggested that we encourage this educational mix while helping nurses retain their identity and loyalty to the profession, rather than treating them as tainted, as we've done in the past. She also said we have to draw on the experts to teach such subjects as business, economics, and the behavioral and social sciences rather than giving students a "digest" taught by nurses.

What will be the relationship between nursing and medicine amid these changes? I think it will be increasingly confrontational as the two professions vie for clients and vie for the opportunity to deliver services. Nursing leaders must be equipped with skills in both assertiveness and in team-build-

ing to meet these challenges.

Medical education is preparing for the future. In the Association of American Medical Colleges' report on *Physicians for the Twenty-First Century*, the study project panel listed "contin-

For the nursing profession to remain viable and to seize the opportunities that are emerging, we must empower our graduates to meet these challenges. We have a large task ahead. I am confident we will prevail.

**Table 4. AACN Enrollment Data on Master's Programs, 1984-85\***

| Region               | Number of Schools | Number of Students | Annual Change Students |
|----------------------|-------------------|--------------------|------------------------|
| <b>United States</b> |                   |                    |                        |
| Full-Time            | 146               | 6,047              | -2.8%                  |
| Part-Time            | 157               | 13,039             | 15.2%                  |
| <b>Northeast</b>     |                   |                    |                        |
| Full-Time            | 33                | 1,652              | -14.7%                 |
| Part-Time            | 40                | 4,617              | 9.5%                   |
| <b>Midwest</b>       |                   |                    |                        |
| Full-Time            | 43                | 1,313              | -2.0%                  |
| Part-Time            | 45                | 3,738              | 12.0%                  |
| <b>South</b>         |                   |                    |                        |
| Full-Time            | 48                | 1,809              | -2.5%                  |
| Part-Time            | 50                | 3,470              | 15.7%                  |
| <b>West</b>          |                   |                    |                        |
| Full-Time            | 22                | 1,273              | 16.5%                  |
| Part-Time            | 22                | 1,214              | 57.7%                  |

\*Source: Murphy, M. I., *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, Four Years, 1981-1985*, Washington, D.C.: American Association of Colleges of Nursing, 1985.

ing pressures" that demand accommodation for the medical profession to survive [8]. These pressures include rapid advances in biomedical knowledge and technology; proliferation of chemical, electronic, and mechanical technologies that require medical practice to become even more specialized; recognition that life-style, environment, and poverty are more important in determining health and illness than are medical interventions; increasing public demand for services to improve health; employment of physicians by large corporations; and ethical dilemmas that will intensify as financial and medical incentives become less and less congruent.

Hechenberger has urged the nursing profession not to "simply fall into the twenty-first century," but to enter it in a planned and organized manner [9]. New roles are being shaped in the context of social, political, and cultural changes. Powerful forces in government, in the health care industry, and in health-related disciplines are at work.

## References

1. Mayhew, B., and Ford, P. J., *Reform in Graduate and Professional Education*, San Francisco, CA: Jossey-Bass, Inc., 1974.
2. NLN Master's Education in Nursing: *Route to Opportunities in Contemporary Nursing 1984-85*, New York, NY: National League for Nursing, 1984.
3. Lodge, M. P., *Facts and Reflections about Master's Education in Nursing in the United States*, New York, NY: National League for Nursing, 1975.
4. NLN Nursing Data Book 1983-84, New York, NY: National League for Nursing, 1984.
5. Council of Graduate Schools in the United States, *Recent Developments in Graduate Programs*, proceedings of conference/workshop cosponsored by the Graduate Record Examination Board, October 13, 1982.
6. Murphy, M. I., *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, Four Years 1981-85*, Washington, D.C.: American Association of Colleges of Nursing, 1985.
7. American Council on Education, *America is not prepared for shift in population, Higher Education and National Affairs*, 34, 1985.
8. Association of American Medical Colleges, *Physicians for the twenty-first century (Part 2)*, *Journal of Medical Education*, 59 (11), 1984.
9. Hechenberger, N. B., *The future in master's and doctoral education in nursing*, in *Perspectives in Nursing, 1983-85*, New York, NY: National League for Nursing, 1983.